

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1

01-15-2003 90272 008 ****61.25

DOCUMENT # N98000006001

1. Entity Name
THE LAKES OF LADY LAKE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1411 MEADOW VIEW WAY
LADY LAKE FL 32159-2536**

Mailing Address
**1411 MEADOW VIEW WAY
LADY LAKE FL 32159-2536**

55005687



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **59-3551293**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NESBITT, ROBERT A
1411 MEADOW VIEW WAY
LADY LAKE FL 32159-2536**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert A. Nesbitt* **PRESIDENT** **1-9-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCBRIDE, SANDY	
STREET ADDRESS	1553 S.E. FT. KING ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCBRIDE, ROBIN	
STREET ADDRESS	1553 S.E. FT. KING ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ROBERT D	
STREET ADDRESS	954 E. SILVER SPRINGS BLVD.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT MICHAEL HEFNER	
STREET ADDRESS	1414 MEADOW VIEW WAY	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY JOYCE STOTTEMYER	
STREET ADDRESS	565 DOWLING CIRCLE	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER LOUISE HUFFMAN	
STREET ADDRESS	569 DOWLING CIRCLE	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael Hefner* **MICHAEL HEFNER** **1/9/03** **352-259-3323**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)